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Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operation   Southern   Union   Exploration   Company	I.		NSPORT OIL			4S				
Additional   Control   C	Operator					Well /	.Pl No.	'I No.		
1.   1.   1.   1.   1.   1.   1.   1.		ration Compa	ny							
Change in Transporter of Contract   Change in Transporter of Change in Transporter of Caringhead Cast   Condenses   Cast		)1 Farmingt	on, NM 8740	1					Ì	
Color   Colo	Reason(s) for Filing (Check proper box)				er (Please explo	gin)				
Concept specifies the same and address of previous operators.    DESCRIPTION OF WELL AND LEASE	New Well	Change in	. —							
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Lieux Name   Well No.   Proof Name, including Formation   Stand Faces	and address of previous operator								<del></del>	
Lieux Name   Well No.   Proof Name, including Formation   Stand Faces	H. DESCRIPTION OF WELL.	AND LEASE								
Liceation   Location	Lease Name			_						
Unit Letter K : 1450 Feet From The South Line and 2140 Feet From The West Line Section 12 Township 25 Range 5 NMFM, Rio Arriba Country  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL CAS  Varies of Authorited Transporter of Did O'Condensate Case of No. 1 Authorited Transporter of Did O'Condensate Case of No. 1 Authorited Transporter of Case Company Variety of Case Company variety of Case Company variety of Case Company variety (Texas of Case Company variety). Authorited Transporter of Case Company variety of Case Company variety of Case Company variety. Authorited Transporter of Case Company variety of Case Company variety. Authorited Transporter of Case Case Variety of Case Case Variety of Case Var	Jicarilla K	17	Basin	Dakota		States	redciaror rec	Contr	act 145	
Section   12   Township   25   Range   5   NMPM, RIO AFTIBA   County	Location	1/50		Couth	21	40		West		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Varies of Audionized Transporter of Oil	Unit LetterK	. :	Feet From The	Lin	and		et From The _		Line	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Col	Section 12 Township	, 25	Range 5	, N	ирм, Ric	Arriba			County	
Name of Authorized Transporter of Oil Or Condensate Claim Refer in the State Company XXX  Gain Refining Company XXX  Gas Company Of Rest Mexico  Gas Well  New Mell See. Typ. Rest Is pas actually connected? When 7  It pas actually connected? When 8  It pas actually connected? Refer actually connected? When 8  It pas actually connected? R	Section 22 Townson									
Giant Refining Company  With a Mathorized Transporter of Catalogical Cas				RAL GAS			ann of this for	m is to be se	<u></u> ]	
Name of Authorities Transporter of Casinghead Gas or Dry Gas Casing Pressure  Gas Company Of New Mexico  Say Control of Units  Gas Company Of New Mexico  Say Of Office Box 1899  Bloom field, NM 87413  When 7  When 1  When				l .						
Gas Company of New Mexico  XXX Post Office Box 1899 Bloomfield, NM 87413  If well produces of or liquide, Unit Sec. Typ Rge.  If yet produces of or liquide, Unit Sec. Typ Rge.  If yet account of the production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Designate Type of Completion - (X)  Oil Well Gas Well New Well Workover Deepen Rug Back Same Resv Diff Resv Designate Type of Completion - (X)  Date Spacked  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Tubing Depth  Perforations  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING A TUBING SIZE  DEPTH SET  SACKS GEMENT  TUBING CASING AND CEMENTING RECORD  HOLE SIZE  CASING A TUBING SIZE  DEPTH SET  SACKS GEMENT  ACTUAL Prod. Item must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this display of Mr for full 24 hours.)  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Oil - Bbls.  Gas WELL  Actual Prod. Test - MCFt/D  Length of Test  Oil - Bbls.  United Name  Tubing Pressure (Shut in)  Caing Pressure (Shut in)  Choke Size  OIL CONSERVATION DIVISION  Date Approved  DEC 2. 1991  By  Title  SUPERV SOR DECRET SIZE  Title  1/1/92  505/327-4481  Title  1/1/92  505/327-4481  Title  Title  SUPERV SOR DECRET SIZE  Title	Utalit Mertility overparty									
If well production is commingled with that from any other lease or pool, give communingling order number:										
this production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Designate Type of Coruplction - (X)  Date Spadded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Total Depth  P.B.T.D.  Total Depth  Depth Casing Since  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS GEMENT  ACKS GEMENT  TEST DATA AND PEQUES FFOR ALLOWABLE  DUL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth for the for full 24 hours.)  Date first New Oil Run To Tank  Date of Test  Length of Test  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas. MCF  Oil Condensate MMCF  Oravity of Condensate  Water - Bbls.  Condensate MMCF  Oil Condensate  O	If well produces oil or liquids,									
Designate Type of Conspletion - (X)  Date Spusded  Date Compl. Ready to Prod.  Date Office Size  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  A. TEST DATA AND REQUEST FOR ALLOWABLE  IL VELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for his depth of the	give location of tanks.	<u>                                       </u>	ll_	<u> </u>				<del></del>		
Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Date Complete Visions (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING A TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND PEQUEST FOR ALLOWABLE  DILL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or Date of Test  Date of Test  Date of Test  Date of Test  Casing Pressure  Casing Pressure  Choke Size  Casing Pressure  Choke Size  Gas- MCF  Casing Method (Pinos, plump), gas filt, etc.)  Casing Pressure (Shut-in)  OIL CONSERVATION DIVISION  Date Approved  DEC 2.3 1991  By  SUPERVISOR DECICIONAL  Title  1/1/92  SOS/327-4481  Date  Telephone No.		from any other lease or	pool, give comming	ling order num	ber:					
Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Name of Producing Formation  Top Oil/Clas Pay  Tubing Depth  Depth Casing Stoce  TUDING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  T. TEST DATA AND PEQUEST FOR ALLOWABLE  DIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth of be for full 24 hours.)  Date First New Oil Run To Tank  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  Water - Bbls.  GAS WELL  Actual Frod. During Test  Oil - Bbls.  Tubing Pressure (Shut-in)  Casing Network (Flora in the last and regulations of the Oil Conservation bristian have been complict with and that the information gives above is true and complete to the bis of my knowledge and belief.  Title  1/1/92  505/327-4481  Date  Telephone No.	IV. COMPLETION DATA	loa wa	Cas Wall	New Well	Workover	Deepen	Plug Back 1	Same Res'v	Diff Res'v	
Date Spedded    Date Compt. Ready to Prod.   Total Depth   P.B.T.D.	Designate Type of Completion		) Cas Well	I HEW HEIL	Workover	l Deepen	11.06 2.00 1		i	
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TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  7. TEST DATA AND REQUEST FOR ALLOWABLE  Dit Well (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this dispit of the for full 24 hours.)  Date First New Oil Run To Tank  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Water - Bbla.  Gas. MCF  Gravity of Condensate  Choke Size  Water - Bbla.  Gravity of Condensate  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Linda Murphy  Of Rice Supervisor  Printed Name  Title  1/1/92  505/327-4481  Date  Telephone No.	levations (DF, RKB, RT, GR, +1c.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  7. TEST DATA AND REQUEST FOR ALLOWABLE  Dit Well (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this dispit of the for full 24 hours.)  Date First New Oil Run To Tank  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Water - Bbla.  Gas. MCF  Gravity of Condensate  Choke Size  Water - Bbla.  Gravity of Condensate  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Linda Murphy  Of Rice Supervisor  Printed Name  Title  1/1/92  505/327-4481  Date  Telephone No.	D-/						Depth Casing	Shoe		
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DIL WELL  (Test must) be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth of Park for full 24 hours.)  Date First New Oil Run To Tank  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Choke Size  Choke Size  Choke Size  Gas-MCF  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  Thereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the b-st of my knowledge and belief.  Signature  Linda Murphy  Of Face Supervisor  Printed Name  Title  Title  Title  Title  Title  Title  Title										
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Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, plury), gas fift, etc.)  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  Water - Bbls.  Gas- MCF  Gravity of Condensate  Gravity of Condensate  Choke Size  Water - Bbls.  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been compliced with and that the information given above is true and complete to the bist of my knowledge and belief.  Signature  Linda Murphy  Of Fice Supervisor  Printed Name  1/1/92  Date  Telephone No.	OIL WELL (Test must be after re	ecovery of total volume	of load oil and must	be equal to or	exceed top allo	owable for this	depth or be fo	r full 24 how	rs.)	
Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Oil CONSERVATION DIVISION  Division have been complied with and that the information given above is true and complete to the bist of my knowledge and belief.  Signature  Linda Murphy  Of Cice Supervisor  Printed Name  1/1/92  Date  Telephone No.  Title  1/1/92  Telephone No.	Date First New Oil Run To Tank	·		Producing M	thod (Flow, phy	migh, gas lift, è	(c.)			
Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  Gravity of Condensate  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the bist of my knowledge and belief.  Signature  Linda Murphy  OF (Ice Supervisor  Printed Name  1/1/92  Date  Telephone No.  Gas- MCF  Gas- MCF  Gas- MCF  Gravity of Condensate  Choke Size  OIL CONSERVATION DIVISION  Date Approved  DEC 2 1991  By  Supervisor  Title  1/1/92  Title			G-i P			Choke Size				
GAS WELL  Actual Frod. Test - MCF/D  Length of Test  Tubing Pressure (Shut-in)  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  OFFICE Supervisor  Printed Name  1/1/92  Date  Title  Title  Title  Title  Title  Title  Title	Length of Test	Tubing Pressure		Casing Press	ire		Choke bize			
GAS WELL  Actual Frod. Test - MCF/D  Length of Test  Sting Method (pitot, back pr.)  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Linda Murphy  Of Cice Supervisor  Printed Name  1/1/92  Date  Title	Actual Prod. During Test	Oil - Bbls		Water - Bbls.			Gas- MCF			
Actual Prod. Test - MCF/D  Length of Test  Sesting Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  OIL CONSERVATION DIVISION  Division have been complied with and that the information given above is true and complete to the bist of my knowledge and belief.  Date Approved  DEC 2: 1991  Bbls. Condensate/MMCF  Choke Size  OIL CONSERVATION DIVISION  Date Approved  DEC 2: 1991  By  Supervisor Supervisor  Title  1/1/92  Date  Title  1/1/92  Title  Title  Title  Title  Title	Actual From During Foot	On - Dois.								
Actual Prod. Test - MCF/D  Length of Test  Esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  OIL CONSERVATION DIVISION  Division have been complied with and that the information given above is true and complete to the bist of my knowledge and belief.  Date Approved  DEC 2: 1991  Bbls. Condensate/MMCF  Choke Size  OIL CONSERVATION DIVISION  Date Approved  DEC 2: 1991  By  Supervisor Supervisor  Title  1/1/92  Date  Title  1/1/92  Title  Title  Title  Title  Title	CARWELL	1		<u></u>						
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the bist of my knowledge and belief.  Signature Linda Murphy Office Supervisor Printed Name Title 1/1/92 Date Telephone No.  Casing Fressure (Shut-in)  OIL CONSERVATION DIVISION  Date Approved  DEC 25 1391  By Supervisor Supervisor Supervisor  Title  Title  Title		Length of Test		Bbls. Conder	sate/MMCF		Gravity of Co	ondensate		
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  DEC 25 1991  By  Supervisor  Title  1/1/92  505/327-4481  Date  Telephone No.										
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  DEC 29 1991  By  Supervisor  Title  1/1/92  505/327-4481  Date  Title	Testing Method (pitot, back pr.)	Tubing Pressure (Shut	-in)	Casing Press	ire (Shut-in)		Choke Size			
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Signature Linda Murphy Office Supervisor Printed Name 1/1/92 Date Date Approved  Supervisor Title Title Title Telephone No.	I hereby certify that the rules and regulations of the Oil Conservation									
Signature Linda Murphy Office Supervisor Printed Name 1/1/92 Date Title	is true and complete to the best of my knowledge and belief.				Deta Approved DEC 2 1991					
Linda Murphy Office Supervisor  Printed Name  1/1/92  Date  SUPERVISOR DISTRICT TO TITLE  Title  Title  Title  Title					Date Approved					
Linda Murphy Office Supervisor  Printed Name  1/1/92  Date  SUPERVISOR DISTRICT TO TITLE  Title  Title  Title  Title	Landa O Maghi				Srank ! Save					
Printed Name	Signature Linda Murphy Office Supervisor				B					
1/1/92 505/327-4481 Date Telephone No.										
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		Tele	phone No.			- المساودة				

INSTRUCTIONS: 'This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.